

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		DOCUMENT Page 1 of 3	REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE
In re: Gerald A. Mauriello	Chapter 11		
NOTE: This form should not be used for an unsecured claim arising prior to the commencement of the case. In such instances, a proof of claim should be filed.			
Name of Creditor: Atlantic Health Partners, L.L.C. (The person or other entity to whom the debtor owed money or property.)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and Addresses Where Notices Should Be Sent: Franklin Barbosa, Jr., Esq. 220 Park Avenue Florham Park, NJ 07932 fb@spsk.com	THIS SPACE IS FOR COURT USE ONLY		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	Check here if this request: <input type="checkbox"/> replaces a previously filed request, dated: _____ <input type="checkbox"/> amends a previously filed request, dated: _____		
1. BASIS FOR CLAIM	<input type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Business Advances		
2. DATE DEBT WAS INCURRED: October 14, 2024			
3. TOTAL AMOUNT OF REQUEST AS OF ABOVE DATE: 28466.49	<input type="checkbox"/> Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.		
4. Secured Claim	<input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).		
Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____			
Value of Collateral: \$ _____			
<input type="checkbox"/> Check this box if there is no collateral or lien securing your claim.			
5. Credits: The amount of all payments have been credited and deducted for the purposes of making this request for payment of administrative expenses.		THIS SPACE IS FOR COURT USE ONLY	
6. Supporting Documents: Attach copies of supporting documents, such as purchase orders, invoices, itemized statements of running accounts, contracts as well as any evidence of perfection of a lien.			
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
7. Date-Stamped Copy: To receive an acknowledgment of the filing of your request, enclose a self-addressed envelope and copy of this request.			
Date: 5/19/2025	Sign and print below the name and title, if any, of the creditor or other person authorized to file this request (attach copy of power of attorney, if any). Dr. Steven Sheris  Dr. Steven Sheris, EVP, Chief Physician Executive <small>AF3D4B0F171348D...</small>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

**NOTE:** The filing of this request will not result in the scheduling of a hearing to consider payment of your administrative claim but will result in the registry of your administrative claim with the Bankruptcy Court. If you wish to have a hearing scheduled on your claim, you must file a motion in accordance with D.N.J. LBR 3001-1(b).

rev.8/1/15

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*Attorneys for Atlantic Health Partners, L.L.C.*

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY**

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In re: Chapter 13  
Gerald A. Mauriello, Case No. 24-20154 (CMG)  
Debtor.

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**ADDENDUM TO PROOF OF CLAIM OF ATLANTIC HEALTH PARTNERS,  
L.L.C.**

By way of supplement to the Proof of Claim of Atlantic Health Partners, L.L.C. (“AHP”),  
AHP submits:

**The Source of the Claim**

1. Debtor, Gerald A. Mauriello (“Debtor”) is a signatory to the Operating Agreement of AHP (the “Operating Agreement”) by way of Joinder executed on July 22, 2022.
2. Debtor also executed that certain Care Center Indemnification Agreement dated July 22, 2022, as well as other related and ancillary agreements (the “CCA” and, together with the Operating Agreement and other agreements, the “Agreements”).
3. Pursuant to the terms of the Agreements, AHP advanced certain monies to Debtor so that he could operate his individual medical practice.
4. Prior to the commencement of Debtor’s bankruptcy proceedings on October 14,

2024, AHP advanced such sums to Debtor.

5. Debtor did not inform AHP of his bankruptcy filing until more than two months later on December 19, 2024.

6. During the period between the Petition Date and the Notice Date, AHP continued to make advances to Debtor in connection with the Agreements.

7. As of April 25, 2025, the total sum due from Debtor under the terms of the Agreements is at least \$36,544.09 (the “Claim Amount”).

8. Of that Claim Amount, \$8,077.60 represents pre-petition advances and \$28,466.49 represents post-petition advances.

9. With respect to the post-petition advances, AHP will file, contemporaneously herewith, a Request for Payment of Administrative Expenses.

### **Reservation of Rights**

10. AHP reserves all rights, remedies and defenses. Nothing herein shall be deemed a waiver of any of AHP’s rights.

11. AHP further reserves the right to amend or supplement its proof of claim.

12. The Agreements are proprietary and sensitive and, for those reasons, copies of same are not annexed hereto. AHP will produce copies of the Agreements if requested by the Chapter 13 Trustee or the Debtor, although Debtor should have copies of the Agreements in his possession.

13. This proof of claim is being submitted based upon the good faith efforts of AHP to ascertain the amounts due and owing. Any errors will be promptly corrected upon discovery or notice of same.